

# Foster Family Home - Corrective Action Report

Provider ID: 1-512807

Home Name: Cynthia Maulit, LPN

94-771 Koniaka Place

Waipahu

HI 96797

Review ID: 1-512807-7

Reviewer: Jackie Chamberlain

Begin Date: 11/26/2019

## Foster Family Home

### Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home inspection made for a 2 bed re-certification. Corrective action report issued during home visit with corrective action plan due to CTA on 12/26/19

## Foster Family Home

### Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) No fire drills conducted for 2019. Last Fire drill 12/18

## Foster Family Home

### Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) No current medication profile / Physician orders sheet for client #1 which would include a high risk med. filled over 2 months ago (9/17/19) Medication administration record was correctly manually updated by PCG

Jackie Chamberlain  
Compliance Manager

Cynthia Maulit  
Primary Care Giver

11/26/19  
Date

11/26/19  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Cynthia Maulit

CCFFH Address: 94-771 Koniaka Place Waipahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
46.(a)	Lapse in fire drill cannot be corrected. PCG has re-started monthly fire drills as of Nov 2019	11/27/19	PCG will refer to Department of Health rules to double check any statements made by others regarding rules for 2 bed community care family foster home and follow unless notified in writing that rules have changed
54(c) 5	Case management agency has delivered updated medication profile for client # 1 with accurate list of current medications	12/02/19	PCG will request clients medication profile to be updated by case management agency with each new or discontinued medication

Primary Caregiver's Signature: Cynthia Maulit

Print Name: CYNTHIA MAULIT Date of Signature: 12/2/19